2011 Military Health System Conference

Getting Enrollment Right

The Quadruple Aim: Working Together, Achieving Success

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Department of the Army Medical Department

Report Documentation Page

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U.S. ARMY

ARMY FAMILY COVENANT:

Keeping the Promise

We are committed to improving Family readiness by:

- Standardizing and funding existing Family programs and services
- Increasing accessibility and quality of healthcare
- Improving Soldier and Family housing
- Ensuring excellence in schools, youth services, and child care
- Expanding education and employment opportunities for Family members

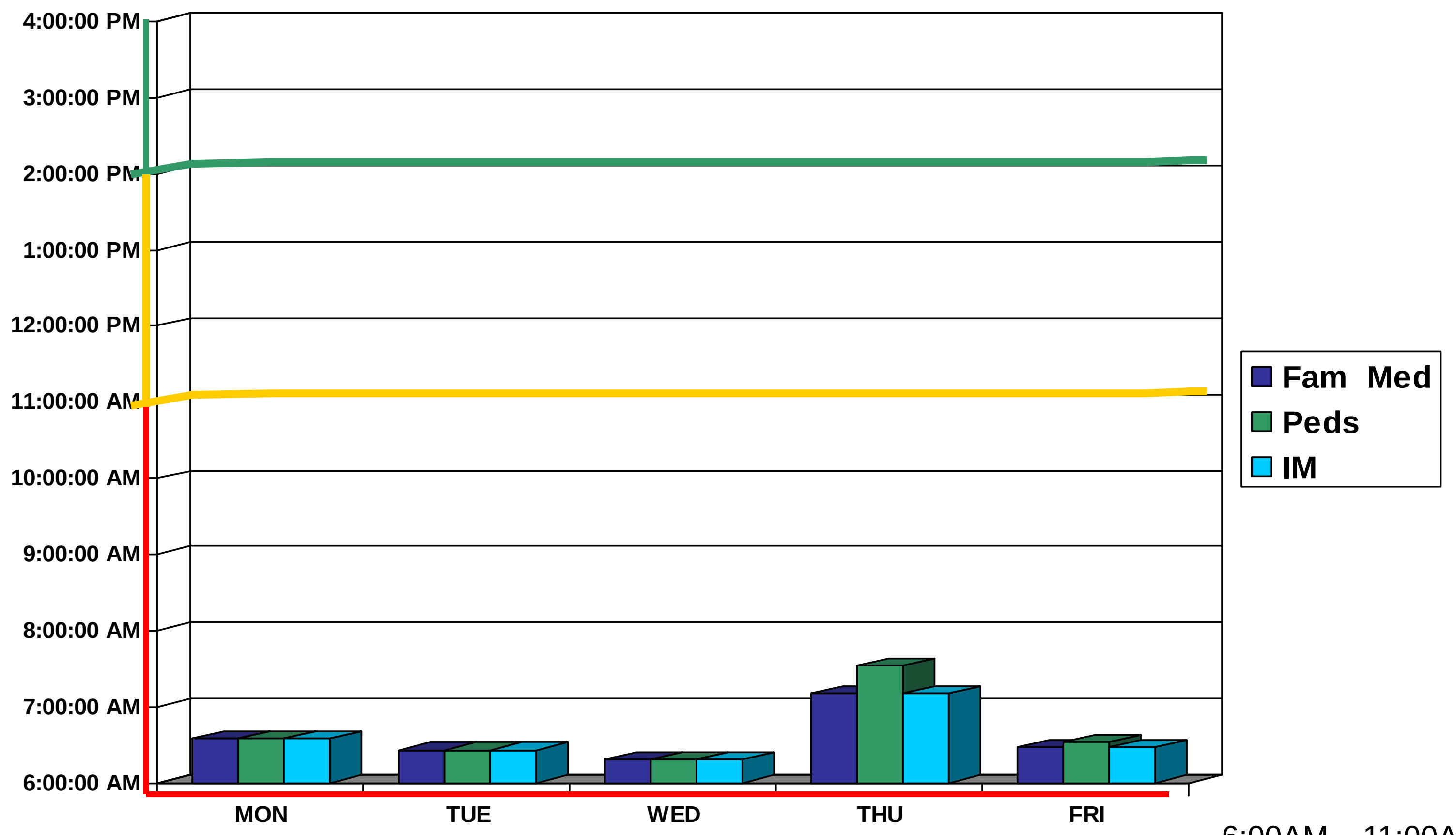
Reality is?

- TSG Blog comments:
  - Access is horrible
  - Access at MTFs seems to be getting worse
  - Told that the books are full/closed and she should just keep calling back

But……

- August 2008 Army has 900K additional Enrollment Capacity

FHC 14-18 JAN 08 Access to Care Status: RED



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Elements for Improving Access to Care

"Right Provider, Right Time, Right Venue"

- MTF capacity aligned with number of beneficiaries
- Provider availability
- Beneficiary understanding of how to obtain access
- Reduce friction at key points of access:
    - Phone Service
    - Online Appointment
    - Follow-up Appointment
- Clinic schedule management
- Accounting for all patients requesting access to primary care
- Civilian network
- Leveraging technology
- Command oversight

Enroll to MTF's Capacity

Issue: Over-enrollment reduces access

Goal/Objective: Enrollment to be within 5% of MTF capacity

Metric/Milestones:

Establish minimum baselines for PCM panel sizes

Conduct assessment of MTF capacity (Nov-Dec 08)

- 28 PCMs Teams approved for 12 MTFs (Dec 08) ($12 million)

Provider Availability

Issue: Appointments to meet demand

Goal/Objective: Require minimum PCM availability

Metric/Milestones:

- Military PCM: 213 workdays (6 hrs of Clinic)*
- Civilian PCM: 218 workdays (6.5 hrs of clinic)
- Contract PCM: 240 workdays (7 hrs of clinic)

*military provider has additional military training and leader development requirements

PCM Panels Vary …. That’s OK

CLINIC	# ENROLLED	# of PCMs	PANEL RANGES
QU	17K	15 PCMs	(800 – 1,387)
RA	10K	10 PCMs	(450 – 1,270)
BB	17K	17 PCMs	(551 – 1,380)
ABCD	30K	60 PCMs	(62 – 1,114)

PCM’s Available Clinical Time

Support Staff

Utilization Rate of Pts (type of patients that make up panel)

Clinic Design/Infrastructure

MEDCOM'S AUTOMATED STAFFING ASSESSMENT MODEL (ASAM)

- How do we get to the correct Provider Ratio?

- Although 1,178 was the "golden" number – many do not know why
- 2,080 hours in a work year = 260 **work days** (no leave or TDY, etc.)
- Minus 30 (non-weekend) **days of leave** (six work weeks lost)
- Minus 5 days **CME**, 5 days **MilTrng**, and 5 days of **general admin** (15 days)
- 215 work days (military)
- 7.5 work hours per day in clinic and 0.5 hours in "admin"
- 20 minute appointments, generates roughly 22.5 visits per day
- Old standard (not wrong, things are changing) of 4.1 visits annual Utilization Rate
- 215 days X 22.5 visits/day = 4,837 visits … Divided by 4.1 UR = <u>1,179</u>

ASAM: Family Medicine Military Physician

Work Days

20 Min Appts	X	7.5 hrs	=	22.5 Appts per Day
22.5 Appts	X	215	=	4837.5 Annual
4837.5	÷	4.1	=	1178 Enrollment

Utilization Rate

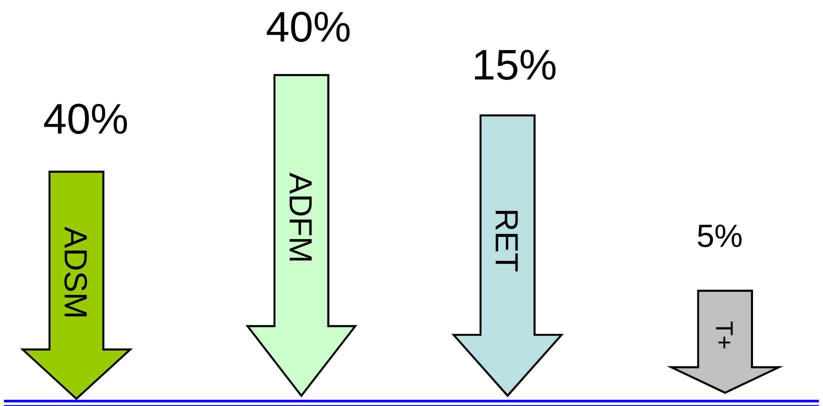
Clinic Time Drives Panel Size

POSSIBLE WORK DAYS		EXPECTED HOURS IN CLINIC		ANNUAL HOURS	PANEL SIZE	
MILITARY		6		1,278	935	3,834 VISITS
213	X	4	=	852	623	2,556 VISITS
		2		426	312	1,278 VISITS
CIVIL SERVICE		7		1,526	1,117	4,580 VISITS
218	X	6	=	1,308	957	3,924 VISITS
		5		1,090	798	3,292 VISITS
CONTRACTOR						
240	X	7	=	1,680	1,170	4,800 VISITS

PCM Enrollment / Availability

Family Practice Clinic

10,000 Enrollees



Utilization Rates	3	4	5	6.5
# Enrollees	4,000	4,000	1,500	500
# Appointments	12,000	16,000	7,500	3,250
Total Appointments p/Yr	38,750			

38,750 / 252 wk days = 154 appts per day

* HA Policy 00-001ratio

Utilization Rates, Provider Type, and RVUs to Determine Panel Sizes

Military Provider	RVU	Encounters/Day	Clinic Days/Year	Annual Encounters	Utilization Rates (Visits/Year) 4.1	3.9	3.7	3.5
					Panel Size			
FP and FNP	2.2	18	213	3834	935	983	1036	1095
PA, Flt Med, GMO	2	20		4217	1029	1081	1140	1205
Pediatrics NP	2.66	15		3171	773	813	857	906
Pediatrician	2.5	16		3374	823	865	912	964
Internist	2.3	17		3667	894	940	991	1048

RVU Standard = 39.6 RVU/Day

Family Medicine Clinic Example

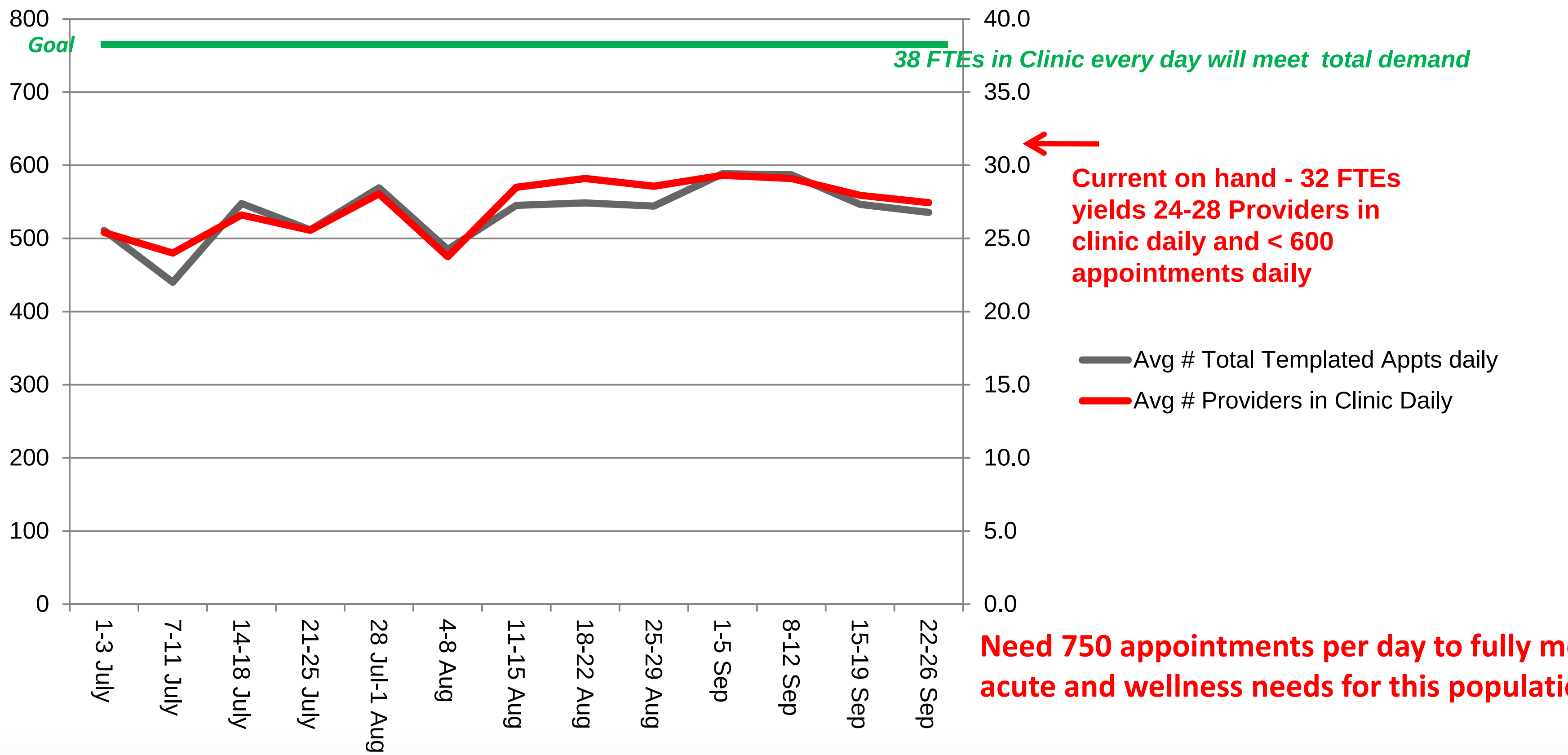
38,750 / 252 wk days = 154 appts per day

- 154 / 21 apts = 8 (7.3) PCMs in clinic each day for 7 hrs ($1.6M)
- 154/ 18 apts = 9 (8.5) PCMs in clinic each day for 6 hrs
- 154 / 14 apts = 11 (11) PCMs in clinic each day for 5 hrs
- 154/ 12 apts = 13 (12.8) PCMs in clinic each day for 4.3 hrs ($2.6M)

Decreasing Percentage of Time in Clinic requires more Providers to Meet Demand and Access Standards

Are you checking?

ACCESS TO CARE – directly correlated with # of providers in clinic per day



Need 750 appointments per day to fully meet acute and wellness needs for this population

DARNALL AMC-FT. HOOD

Total PC Encounters	Oct08-Dec08	Oct09-Dec09
Total Required	88,397	93,110
Total Completed	75,188	97,169
Shortfall	(210 per day)	(-64 per day)

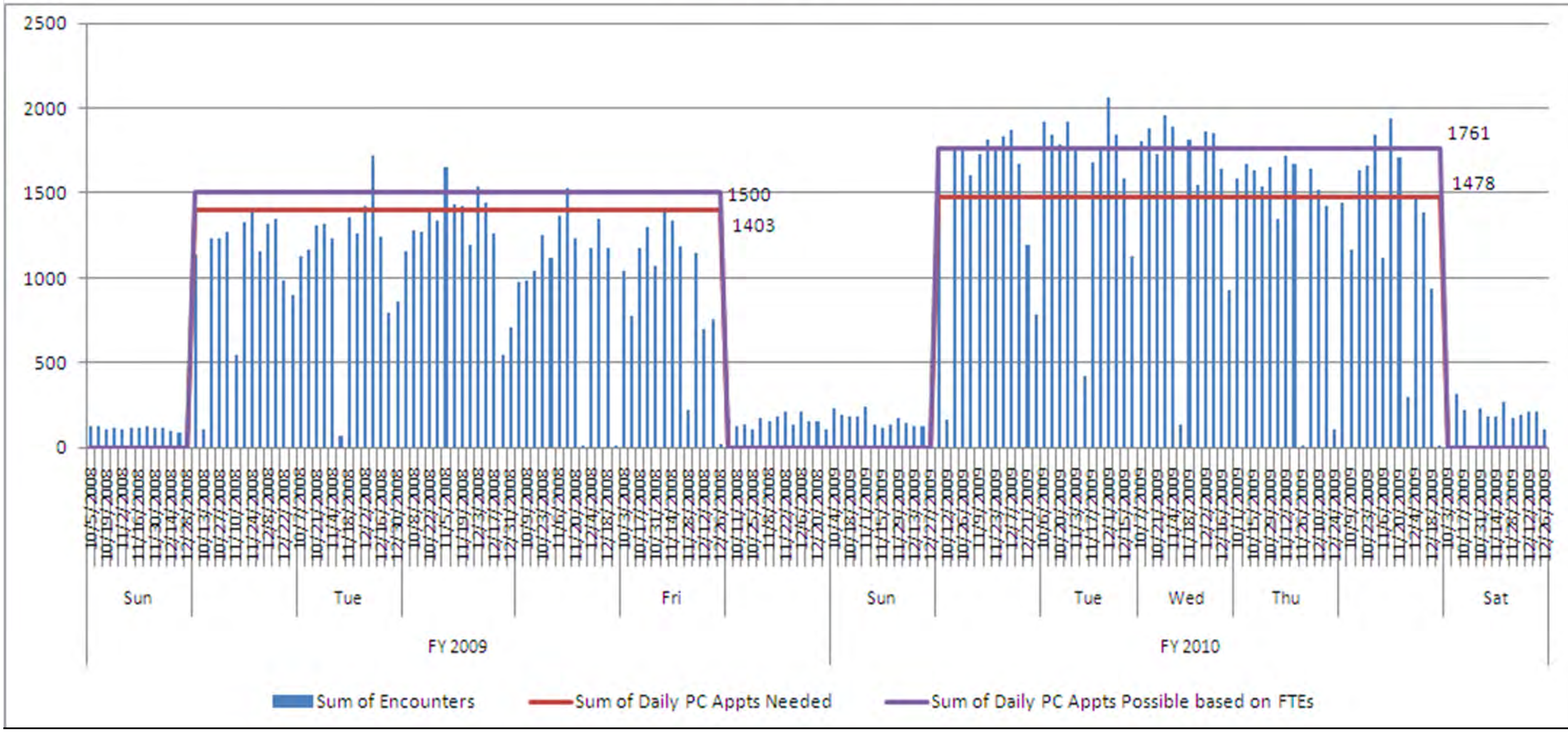
	Oct08-Dec08	Oct09-Dec09
Total Enrollees	94,666	98,948
PC Provider FTEs	71.44	83.84

PC URs	Oct08-Dec08	Oct09-Dec09
Prime	3.5	3.5
Tplus	6.44	6.44

(Target primary care encounters per beneficiary

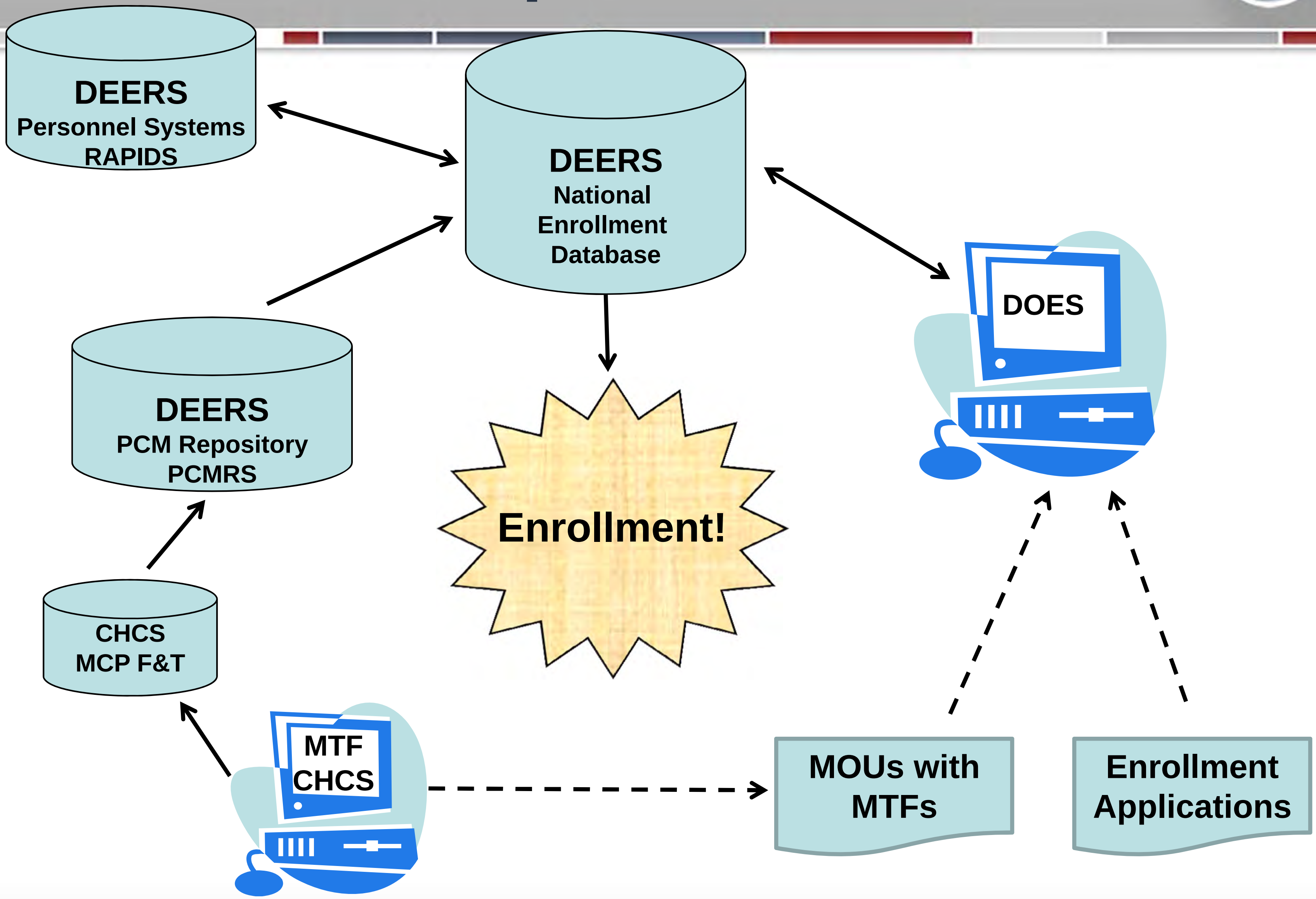
Primary Care Encounters

Oct08-Dec08 & Oct09-Dec09



Completed Encounters = Competed encounters in Primary Care product line at all DMISes, minus: t-cons, inferred SADRs, BHA1 and BHA2. Data source: M2, pulled 8 Jan 10.
Required = ((Prime enrolled population * Prime utilization rate) + (TPlus empanelled population * TPlus utilization rate))+ current volume of Space A encounters-WTU credit. Data source: Enrollment Capacity Models: Mar 09 version(09_03) and Dec 09 version(09_12).

TOC tool for empanelment check



Primary Care Manager (PCM) Capacity and Assignment Report

- Provides view of enrollee assignment
- Daily snapshot of data extracted CHCS Host Platform.
- The PCM assignment process affects clinic's ability to provide continuity of care to their patients.
- The panel assignment size and makeup must be constructed so that PCMs can see their own assigned patients.
- Improper distribution of enrollee assignment could result either in unequal workloads or a breakdown in continuity as patients are referred from the overloaded panel to open appointments with other PCMs.

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1 / 1 BLANCHFIELD ACH-FT. CAMPBELL (0060) 100%

CHCS PCM CAPACITY AND ASSIGNMENT REPORT (1)

Additional Reports

CHCS PCM By Region

Data as of 11/04/2010

Current Path: Army , SRMC , BLANCHFIELD ACH-FT. CAMPBELL (0060)

These Values will be impacted by any unresolved NED PIT Discrepancies residing on a CHCS platform. To identify current NED PIT Discrepancies, please see the NED PIT Discrepancy Report. Assignment data will only (count) show for those beneficiaries who have successfully transmitted to the NED PATIENT file within CHCS. This information should NOT supersede the information provided by DMDC, as DEERS is the system of record for all enrollment/assignment information.

Drill up to: MHS Level View Command Facility Level Group Level Clinic Level

NED Provider Group	Provider Maximum Capacity	Provider Assignment	Active Duty Capacity	Active Duty	AD Family Capacity	AD Family Assignment	Retiree Capacity	Retiree Assignments	Ret Family Capacity	Ret Family Assignments	Tricare Plus	Tricare Plus Count	Other Prime Capacity	Other Prime Count
BLUE TEAM A	5995	5479	4985	192	5995	4445	4985	341	5995	451	4985	35	5995	15
BLUE TEAM B	5656	5743	5656	207	5656	4867	5656	246	5656	392	5656	15	5656	16
BLUE TEAM C	4975	4723	4975	167	4975	4154	4975	147	4975	231	4975	15	4975	9
BLUE TEAM D	3109	3941	3109	136	3109	3482	3109	131	3109	179	3109	5	3109	8
GOLD TEAM A	0	1533	0	11	0	46	0	657	0	561	0	248	0	10
GOLD TEAM B	0	1366	0	13	0	19	0	578	0	515	0	231	0	10
WARRIOR CARE GROUP	1000	707	1000	707	0	0	0	0	0	0	0	0	0	0
WHITE TEAM A	0	3244	0	88	0	2564	0	240	0	330	0	14	0	8
YOUNG EAGLE	5985	7509	0	0	5985	7245	0	0	5985	262	0	0	5985	2
BLANCHFIELD ACH-FT. CAMPBELL (0060)	26720	34245	19725	1521	25720	26822	18725	2340	25720	2921	18725	563	25720	78
SRMC	514856	469895	283185	181189	249045	185870	123074	34832	150104	48669	84416	17576	91596	1759
Army	1566541	1445343	876176	558598	804880	595422	359348	91516	422120	126873	318042	68944	262793	3990

Notes:

1. This tool should NOT be used as a metric for the MHS or its leadership, NOR is it intended to replace DEERS as the system of record. The intent is to provide MTF end-users with the ability to monitor capacities and assignments within CHCS, since there is an impact on the official source, DEERS. This report contains a daily snapshot of data from the NED Provider Group, which is extracted (a few minutes after midnight) from each CHCS Host Platform.

2. The Branch of Service and Health Service Region relationships are based on the master DMIS ID table downloaded from www.dmisid.com <http://www.dmisid.com>, specifically within the field "Facility Service Code". The information is imported and displayed and has not been altered. Questions or comments

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1 / 1 BLUE CLINIC (BGAB) 100%

CHCS PCM CAPACITY AND ASSIGNMENT REPORT (1)

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Drill up to: MHS Level View Command Facility Level Group Level Clinic Level

ider	Provider Maximum Capacity	Provider Assignment	Active Duty Capacity	Active Duty	AD Family Capacity	AD Family Assignment	Retiree Capacity	Retiree Assignments	Ret Family Capacity	Ret Family Assignments	Tricare Plus	Tricare Plus Count	Other Prime Capacity	Other Prime Count
GEORM	1010	996	1010	39	1010	822	1010	60	1010	70	1010	1	1010	4
HESSMEL	970	969	970	30	970	832	970	37	970	67	970	0	970	3
JOHAA	561	539	561	18	561	453	561	33	561	29	561	5	561	1
PATELJ	1170	1140	1170	0	1170	1109	1170	0	1170	30	1170	0	1170	1
VAIRIS	935	974	935	26	935	790	935	50	935	101	935	7	935	0
WORKBAR	1010	1125	1010	94	1010	861	1010	66	1010	95	1010	2	1010	7
BLUE CLINIC (BGAB)	5656	5743	5656	207	5656	4867	5656	246	5656	392	5656	15	5656	16
BLUE TEAM B	5656	5743	5656	207	5656	4867	5656	246	5656	392	5656	15	5656	16
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PCM Capacity and Assignment Report: JAN 2011

COMMAND	CAPACITY	ASSIGNED
MHS	15,546,019	3,557,376
ARMY	1,523,404 *	1,440,793
ERMC	122,919	103,604
NRMC	414,036	405,544
PRMC	103,691	89,257
SRMC	506,374	473,658
WRMC	376,384	368,728

* Total Army Capacity does not include an additional 400 Capacity at No Command included on the TOC Report

DATA SOURCE: TRICARE Operations Center (TOC) / REPORT: Primary Care Manager (PCM) Capacity and Assignment / DATE: As of 01/04/2011

Productivity | Provider Labor | Support Staff | <65 Utilization | 65+ Utilization

CAPACITY MODEL (data rolling 12 through September 2010)

Stoplights are an indicator of efficiency areas for further investigation at MTF.

	Parent	Child	Underenrolled 2,814
DEWITT ACH-FT. BELVOIR		*	

	Standard	Rolling 12	Potential
Enrollment (less WTU credit)		86,586	89,399
Prime (<65)		79,621	82,229
Plus (65+)		6,965	7,193
Utilization (Visits/Enrollee):			
Prime (<65)	4.1	2.9	3.5
Plus (65+)	6.4	3.5	6.4
Demand:		257,697	396,621
Prime (<65)		233,224	350,233
Plus (65+)		24,473	46,388
Provider to Pop Ratio:	1,101	1,155	1,193
Providers (Available FTE)		74.9	74.9
Support Ratio	2.8	3.7	2.8
Support (Available FTEs)		274.1	213.6
Enc / Provider / Day	21.0	13.6	21.0
Annual Enc / Provider	5,292	3,438	5,292

Potential Work (All)	411,347
Potential Work (Enrollee)	396,621
Enrolled work <65	350,233
Plus work	46,388
Non-enrolled AD work	5,643
Non-enrolled non-AD work	9,457
Available FTE (provider)	3
Available FTE (support)	8
Enrollment Equivalent	3,683

Historical Work (All)	272,797
Historical Work (Enrollee)	257,697
Enrolled work <65	233,224
Plus work	24,473
Non-enrolled AD work	5,643
Non-enrolled non-AD work	9,457
Available FTE (provider)	3
Available FTE (support)	8
Enrollment Equivalent	3,683

Settings

INTERNS/RESIDENTS	Included	Excluded
BHA2 (SRP)	Included	Excluded
WTU	Included	Excluded

WTU Size	5
Provider to WT Ratio	200
Provider Requirement	0.0
WTU Credit	23

	Historical	Projected
< 65 Enrollment Split	92.0%	92.0%

	Historical	Projected
Space A AD	2.1%	1.4%
Workload	5,643	
Enrollment Equivalent	1,376	

	Historical	Projected
Space A non-AD	3.5%	2.3%
Workload	9,457	
Enrollment Equivalent	2,307	

A (Inpatient)	6.5	
B (Ambulatory-NONPC)		
B (Ambulatory-PC)	2	
C (Dental)		
D (Ancillary)		
E- (Support/Admin)	1	
EBA/EBC- (Command)	1	
EBE (GME)		
F (Special Programs)	1	
G (Medical Readiness)	1	
Military Prim Care Provider	7.54	
Civilian Prim Care Provider	10.02	
Contract Prim Care Provider	34.53	
Other Prim Care Provider	20.	
Total Labor (Primary Care)	72.43	100.0%
Nonavailable FTE	15.5%	
Prim Care Labor (w/ E add-in)	77.7	

Workload tables show breakout by type of care.
(TOP) Potential work based on primary care provider available FTEs at 21 encounters per provider per day.

(BOTTOM) Historical work from M2, based on rolling 12 months of records expected to be complete to-date.

Unmapped E available FTE	7.6

Note: This is E- labor for the following Service Occupation Codes:
0602 Medical Officer
0603 PA
06102N Nurse Practitioner

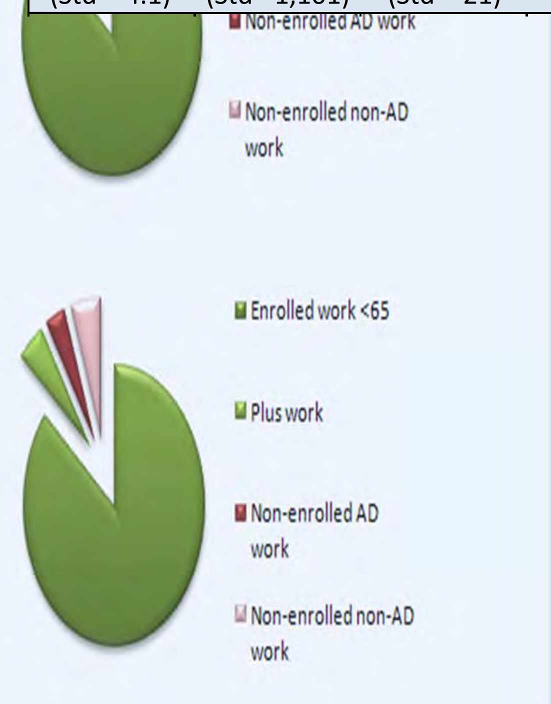
E-, 19.4% C, 0.0% D, 0.0%

Enrollment Capacity Model

Enrollment Capacity Model (ECM)			
PRIME UTILIZATION RATE (Std = 4.1)	POP TO PROVIDER RATIO (Std =1,101)	ENC/PROV/ DAY (Std = 21)	SPPT STAFF RATIO (Std = 2.8)

CAPACITY MODEL (

	Standard	Rolling 12	Potential
Utilization (visit / enrollee):			
Prime (<65)	4.1	3.1	3.7
Plus (65+)	6.4	4.3	6.4
Demand:		357,937	390,995
Prime (<65)		338,867	368,177
Plus (65+)		19,070	22,818
Provider to Pop Ratio:	1,101	1,531	1,215
Providers (Available FTE)		73.9	73.9
Support Ratio	2.8	4.8	2.8
Support (Available FTEs)		353.8	210.5
Enc / Provider / Day	21.0	19.2	21.0
Annual Enc / Provider	5,292	4,845	5,292



- Foundation for patients to have access and continuity with their PCM is when right provider, at the right time, and in the right place is enrollment process.

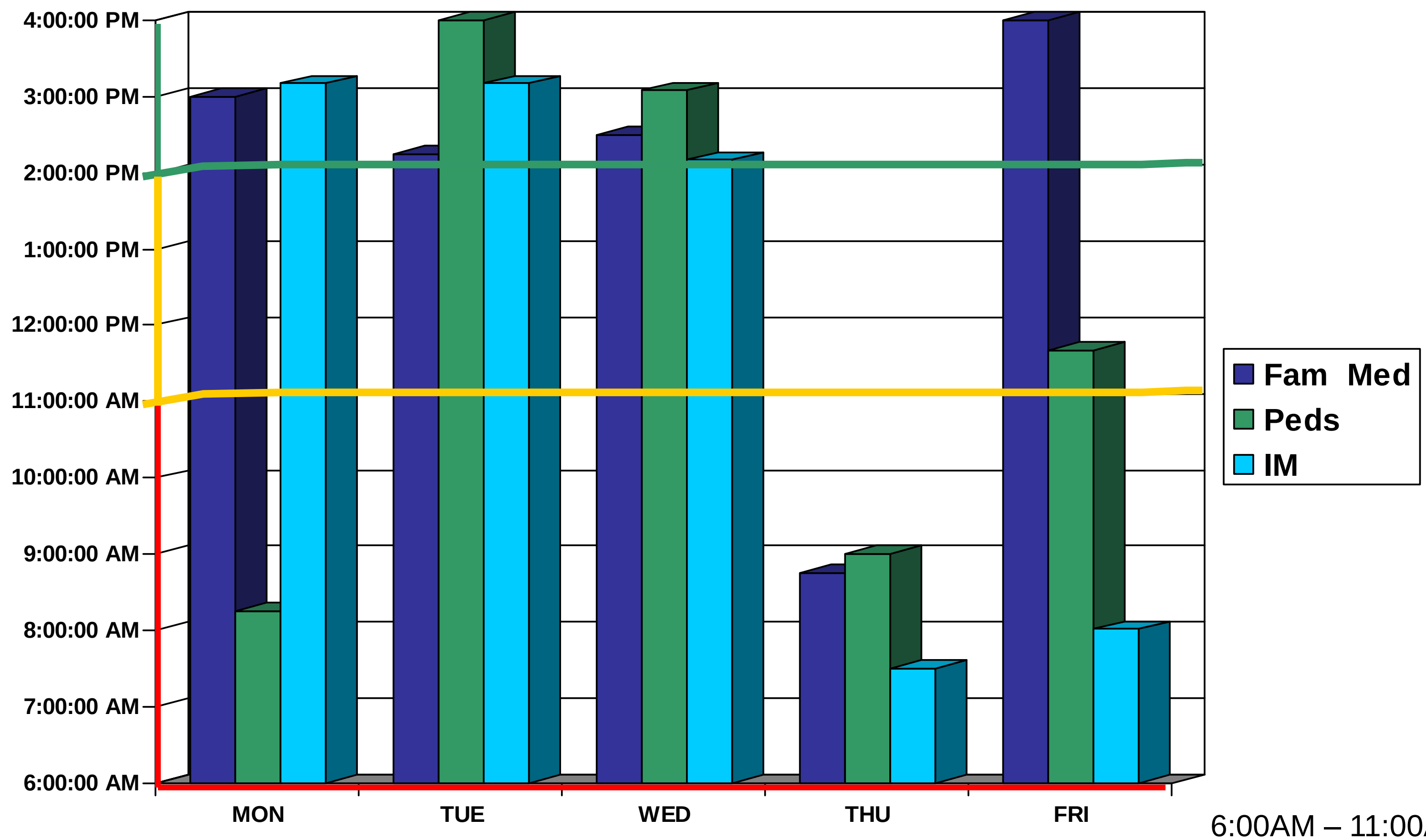
- Panel Size must be based on PCM's clinic availability

- Less time in clinic decreases continuity of care

- PCM Clinic time must match panel size, if less than required result is not enough access to meet demand…..
  – You are Over-enrolled and cannot meet access standards

- Balance requires continuous assessment

FHC 14-18 JAN 08 Access to Care Status: GREEN



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TO CONSERVE FIGHTING STRENGTH